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The MEDICAL MISSIONARY

MISSIONARY RESEARCH

IN NORTH AMERICA AND ABROAD IN MORE THAN 40 COUNTRIES

1. Bodies and Souls

You may have been inspired more than once by the life stories of early medical missionaries who pushed their way into the jungles of Asia and Africa and began, without hospitals or adequate equipment, to attack disease and superstition in the bodies and souls of the primitive people they found there. You may not know that for some time, in the history of the Church, the medical missionary was considered something less than a missionary and his medical work a distraction or even a perversion of the real purpose of missionary endeavor.

This is no longer true. Today the medical missionary is fully acknowledged among the most effective carriers of Christ's message to millions of people whom civilization has displaced or passed by. What wrought this change of attitude toward the missionary doctor and nurse?

We Have Learned What Christ Knew

It should perhaps be enough to recall Jesus's own mission here on earth: the chapters of Mark tell us over and over again how the healing of the physically ill first drew people's attention to the Master, and how He bade His disciples both to teach and to heal. But His insight into human problems has been brought home to us by the discoveries of modern medicine as well as by the experience of doctors and nurses in the field. For psychosomatic medicine and psychiatry have shown us that the health of a man's body and the health of his mind are closely intertwined; that a good doctor must understand not only the patient's disease but also his problems, his fears, and his hopes. A good missionary, then, must understand not only the needs of a man's soul but also his physical needs. And where disease is rampant or the common medical needs of a community are unprovided for, the missionary doctor brings a twofold remedy. To Christian mission stations all over the world—in Asia, in Africa, in South America, and right here in the United States—people come for the relief of their bodily woes. But they come back again for remedies that do not come in pills or ampules.

2. Who Is Needed?

Today the pioneer missionary doctor, cutting a hazardous track into the wilderness and living among long-isolated people who may be hostile and suspicious of strangers, is almost a thing of the past. There are still untouched areas in Tibet, Nepal, Afghanistan, and parts of South America where such pioneers are badly needed. But some 90 percent of medical mission work has now reached a more advanced stage. Doctors and nurses in the field have more and better equipment to work with, and most of them have a permanent hospital (usually under 100 beds), with a staff drawn both from abroad and from trained local people.

In these typical small hospitals there is little chance for a doctor or nurse to specialize. They handle everything, and surgery must necessarily predominate over other forms of treatment. Some mission hospitals have progressed further. In Pakistan, for example, the new United Christian Hospital has three specialists—one in plastic surgery, one in internal medicine, and one in obstetrics and gynecology.

Training Nationals

Another step forward, which came early in some countries, has been the educational stage, the training of nationals as doctors and nurses. At first doctors were trained by apprenticeship, as was the case in our own country a generation or two ago. Then small medical schools were established. Before China was closed and Korea devastated there were all together ten recognized Christian medical schools in India, China, and Korea, as well as a score of medical assistant training institutions in Africa. Although they could never quite meet the equipment and faculty standards of medical schools in this country, they thrived and were exceedingly useful. The fine Christian doctors they developed —Africans, Indians, Chinese, Koreans—have been the mainstay of medical missions in many an area.

Schools of nursing have been even more numerous than those for doctors. Besides providing valued staff members for the Christian hospitals, they have helped

improve the status of women in backward countries where, by and large, women were barred from a professional education. The missionary nurse is likely nowadays to do far more teaching and administrative work than bedside nursing. The educational program has plenty of room to expand.

Time, staff, and facilities are still lacking for a thorough program of preventive medicine and public health in most mission communities. The mission forces alone cannot meet this urgent need; public health is chiefly a government responsibility. But more can be done in the way of demonstration, education, and stimulation toward healthier habits and a sanitary environment. More and more of this work will be shared by local experts as they are trained in our schools or by their own governments. But the missions need public health experts *now,* particularly in the medical schools and for regional groups of hospitals.

In all these fields, not only does a doctor or nurse find adventure and variety and unexpectedness, but the job has a frontier urgency about it which most medical practice in America has long ago lost. Here is need for improvisation, adaptability, resourcefulness, together with vision for whole peoples as they find their way into God's meaning for their life.

Wanted — nurses to nurse, to supervise, to teach. *Wanted — public health specialists,* health educators as well as nurses and doctors, to go out into village areas and work with all-purpose improvement projects. *Wanted — medical social workers* who will go into the homes of patients with a skilled ministry of helpfulness and the Christian message. *Wanted — doctors* to go to small hospitals and handle both medicine and surgery, and doctors to teach in medical schools or carry on specialized practice in the larger hospitals.

3. Could I Help?

Your desire for Christian service may already have led you to decide on a medical or nursing career. Or perhaps the choice still lies before you. There are usually two basic motives in a medical career: one is the scientific interest—in what makes things tick, in the tantalizing complexity of the human body and its ills and cures, and the other is the desire to heal and to help. The first motive, taken to extremes, produces a sort of specialist no longer interested in patients as people but only as challenges and means of a good livelihood. The second motive, taken to extremes, may make a doctor less and less scientific—a great soul who has only outmoded books and methods. The good doctor has both of these motives in balance. He is the sort of person most wanted in Christian mission work.

If you have thought this through and made your choice, you will find some ideas and counsel about your educational needs further on in this leaflet. In any case, there are a few highly important questions you will want to ask yourself before you take the decisive steps toward becoming a medical missionary.

Three Requirements

First, do I have a full commitment to Christ and to His world-wide mission?

Your family doctor may be a devoted Christian, practicing his faith in his daily work. But being a medical missionary, whether abroad or in the backward sections of our own country, requires even greater dedication—a compelling response to the physical and spiritual needs of people you might otherwise never meet or even hear of.

Being a dedicated Christian does not mean that you have had a beatific vision and an almost vocal "call," but it does mean that you offer your whole career and planning to God under the Lordship of Christ. Half-hearted or half-selfish missionaries have a miserable time of it, and do a desultory job. If you can give all you know of yourself to all you know of God's will for you in Christ, then you can really qualify.

Am I developing the personal qualifications of a true missionary?

It takes integrity, good sense, humility, resourcefulness, a sense of humor. It takes the ability to work with the team, to appreciate all sorts of people. *It takes the ability to grow.*

And finally you must ask yourself, *Is my own health good?* Is it good enough to stand up under the emotional and physical strains of intensive training and then of a strenuous life in a new social environment, perhaps in an unaccustomed climate, without many of the comforts and supports you have always had?

4. What Would It Be Like Out There?

"Out there" may mean any one of a number of climates, and the mission stations themselves vary in the ruggedness of living they require. You can find out about climates in a geography book, but the thing you're really interested in—what it is *like* living and working in an African village, a Puerto Rican farming center, or a Navajo community—is best told by the missionaries themselves.

The people at Sage Memorial Hospital, a mission among the Navajos of Arizona, write of one of their nurses that her work "takes thousands of miles of driving over some of the worst roads in the U.S. day in and day out." Of a public health nurse needed in another Arizona station: "The worker at Tselani needs an extra measure of the missionary spirit and a deep reservoir of internal resources, because she must be able to live happily in an isolated mission station where she is forever confronted by the stark primitiveness of life and death."

Take a doctor in Africa: at one time "he was running a local hospital, a small one it is true, but with a T.B. department. He was itinerating among the villages on a motorcycle. He was operating and largely financing a leper camp where 135 patients were receiving scientific treatment in most hopeful and healthy surroundings." He trained lepers in whom the disease had been arrested to treat other lepers. And he was a fiery and popular preacher as well as a medical man.

Speaking of Africa probably makes you think of nothing but steaming jungles. But listen to a woman medical missionary in the Belgian Congo: "Why do so many people who travel around to see all the wonderful and beautiful things in the world not think about coming to the Congo? I, personally, never expect to be in a more beautiful place this side of Heaven."

Trachoma, Malaria, Tuberculosis

A missionary doctor goes into a 1,500-family village in Iran and writes about his visit. "Of the 80 patients I saw, only 3 had trachoma; in 20 I made a 30-second clinical diagnosis of malaria, and in five I strongly suspected tuberculosis. The others were all sick of a great variety of things. We held the clinic in the house of the village owner and charged four eggs admission. . . . We did not have time to see all who wanted treatment, and this in spite of the presence in the village of the public health doctor. He claimed they would pay nothing for medicines, would not take them as directed if he gave them medicines free, and woke him at all hours to complain of illnesses quite chronic. He wanted a transfer to the city."

From a 50-bed mission hospital in Iran: "With the only X-ray equipment within 200 miles, which dims the hospital lights to a dull red with each exposure, we take about a thousand films a year. . . . The lone doctor here is doing 75 percent gastrectomies, thoracoplasties, spinal fusions, thyroidectomies, and assorted lesser procedures with one semitrained assistant. Patients come hundreds of miles to see the American doctor, riding on the family donkey for several days perhaps with a strangulated hernia or lobar pneumonia."

A Microscope on a Sewing Machine

From a doctor in Korea in 1947: "All the (Korean) doctors read English and German but can speak neither so we write to each other on a little blackboard. I'm going to have to brush up on my German as they know far more German than English. As a major gift to the head of the Provincial Hospital, I gave a duplicate copy of an old medical journal, the first he had seen in ten years. . . ." And he writes in 1951, after the Korean war began: "We went out to a village in the plain to study the dread liver fluke (a parasite which destroys the human liver). . . . We set up our microscope on an old Singer sewing machine, the only available table, in the yard of a mud hut. . . . Then we went fishing and were able to demonstrate to our interns and the villagers the deadly cysts under the gills of little fish, and in the clams they eat raw."

From medical missionaries in Arabia: "We held a miniature clinic in practically every house. . . . We were urged to become Moslems and rejoiced when they began on that subject because it gave us a chance to tell about the teachings of Jesus. . ."

From a Christian service center in Puerto Rico: "The people . . . are descendants of Spanish, Indians, and Negroes. They are poor, earning about $8.00 a week with which they try to support families of from six to twelve children, not to mention a few relatives. They live in a small hut that may be very primitive. . . . Some fortunate ones own from one to three acres of land that is often steep and far from roads and public utilities. They are generally uneducated and undernourished and full of intestinal parasites. They are superstitious and nominally Catholic. They are kind, friendly, interested in our work, patient, and altogether a pleasant people to serve."

Doctors in the field will tell you of babies safely delivered in snowbanks and in tropical jungles, and of mission hospitals where music and church services are brought in over a public address system. One day, in a New Mexican mission station, every hospital staff member with a moment to spare pitched in and helped peel twelve bushels of peaches for canning! The life may be stark and primitive, but you may gather that it is seldom dull.

The medical director of a mission hospital sums it up this way: "As doctors and nurses serving in the Master's name and showing forth His love, we can through the power of the Holy Spirit bring comfort, assurance, peace, and faith where there has been fear, doubt, and the darkness of superstition. That's medical missions! There is no greater vocation."

5. How Can I Prepare Myself?

If you feel you have the basic qualifications to meet this challenge, you will be eager to begin. But you will realize also that a good medical education is necessary. God's standards are high; a successful medical missionary must also be a successful doctor or nurse. Most mission boards require the following professional qualifications:

(1) *College.* You will take a number of so-called "pre-medical" courses in your undergraduate years. These are essential, of course, but don't overemphasize science during these years. A broad academic training, including the social sciences and the arts, will make you a better missionary. It will help you appreciate and understand both the problems and the culture of the people to whom you are carrying Christ's message. And to make that message clearer and fuller for those who will hear it, you should take some college courses along definitely religious lines: Bible study, modern missions, Church history (especially the modern ecumenical movement), and some basic concepts of Christian theology.

(2) *Medical School* (or school of nursing). Consult with your faculty advisor or with informed friends about this. The problem is especially difficult now because medical schools are crowded and admission standards extremely high. Some people have asked, "Can I take my medical training somewhere outside the United States?" Usually this is not a good idea. Medical schools in other countries are just about as crowded as ours, and you would scarcely want to keep a student of another country out of medical school by taking his place. And there are other objections; even though you intend to become a missionary abroad, some personal emergency might some day make it essential for you to return home and practice in this country. Very few overseas medical schools are recognized here.

You may want to spend your summer vacations in occupations which will contribute to your medical training. But the medical curriculum is very strenuous; it would probably be wiser for you to take a health-building outdoor job, perhaps in a summer workcamp. Or you may have to spend your summers at something which will give you a regular salary.

(3) *Two or three years of hospital service*—internship, residency, or the equivalent. Fortunately there are plenty of good internships around the country. A rotating or mixed internship is most desirable; it should,

if possible, be in a teaching hospital where there is a chance of a residency afterward.

The next step after internship is not always clear. One year of hospital training is usually not enough. A two-year internship, with some real operative experience in surgery, may suffice; otherwise, you should try for a residency, preferably in surgery. (Good surgical residencies are not so readily available as rotating internships.) Surgery is essential to mission hospital work, and operative experience is harder to acquire later on.

G.P. or Specialist?

You may consider specializing. The general doctor, able to handle both medicine and surgery, is in greater demand, but openings for specialists in medical missions are steadily increasing. Before you decide on a speciality, be sure to discuss it with the appropriate secretary of your mission board, with the institution to which you are going, or with Dr. Douglas N. Forman, the secretary of the Christian Medical Council, 156 Fifth Avenue, New York.

What about internship or residency in the mission field itself? The answer is usually no. The few acceptable positions of this sort should be reserved for nationals of the country concerned. You must also remember, in the case of foreign missions, that you will have to spend a great deal of time at first just learning the language. It may, however, be possible, after an internship and residency in this country, to go to your prospective field and work for a period as an apprentice under an experienced man there.

No one should go out to the mission field without being licensed, either through state boards or the National Board. Many governments overseas do not require this, but you might some day have to return and practice in the United States. It would be a tough proposition to take a licensing examination ten or twenty years after you had finished your medical schooling.

Nurses, too, have an opportunity during training and after the first years of service to develop some specialization. If you prepare yourself, besides your regular hospital courses, to learn laboratory work, give anaesthesia, get experience in midwifery, supervise some hospital department, teach other nurses, or do specialized public health work (immunizations, prenatal check-ups, home nursing, health education), these skills are bound to be especially welcome somewhere in the mission field.

Keep in touch. The needs of mission boards for specific personnel and specific kinds of training are likely to change over periods of time. Get in touch with your mission board early and, while you are in training, keep in touch with the board under which you expect to be commissioned.

6. More Details, Please!

You will want to read books written by medical missionaries. Dr. Edward H. Hume's DOCTORS COURAGEOUS (Harper, 1950), and MY PATIENTS WERE ZULUS, by James B. McCord and John Scott Douglass (Rinehart) are two fascinating examples. Others may be obtained from the Missionary Research Library (3041 Broadway, New York 27, N. Y.). It will also be helpful to talk with medical missionaries on furlough.

There are many other things you will want to know. What are the terms of service? How much support will I have? What about furloughs?

People who regard missionary service, for themselves, as a "life of sacrifice" may well look twice at any decision to enter it. Only those who regard it as a joy, a satisfaction, a fulfillment will be happy in it. This naturally involves having a decent income and allowances for travel, education for the family, an adequate pension, and other safeguards. Almost all the mission agencies have long provided these things. In general, the missionary lives on a plane similar to that of the average minister, social worker, or teacher anywhere. His manner of living must be adjusted to the place and the people with whom he serves.

The period of service ranges from a year to a lifetime, the first term most often being five years. It is the expectation of most foreign mission boards that successful missionaries will regard their work as a life career. The missionary returns home on furlough after stated periods such as seven, five, or three years.

What about the missionary doctor's professional contact with current medical knowledge and new methods? Often he does live far from clinics and refresher courses and hospital consultations, but usually he keeps in constant touch with new discoveries, reads medical journals, shares new knowledge and new drugs with his colleagues. Confronted frequently with rare diseases or malformations or emergency operations, he is likely to perfect new techniques and procedures which would never occur to the man who works in a more traditional and completely equipped situation.

Will you become a medical missionary? Consult your own judgment, pray about the possibility, and talk with the wisest Christian leaders you know. Keep in touch with other students who are considering this field and enlarge your Christian fellowship as widely as you can by attending conferences and student Christian meetings on campus, regionally and nationally. Your vocation as a missionary begins—not from the time you are actually appointed—but from the time you yield your career to all you know of the will of God for your life in Him.

More detailed information is available from your own denominational mission board, from the Student Volunteer Movement, or from the Christian Medical Council for Overseas Work at the same address.

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STUDENT VOLUNTEER MOVEMENT FOR CHRISTIAN MISSIONS

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